

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51	/	
2		/					52	/	
3		/					53	/	
4		/					54	/	
5		/					55	/	
6		/					56	/	
7		/					57	/	
8		/					58	/	
9		/					59	/	
10	/						60	/	
11	/						61	/	
12		/					62	/	
13		/					63	/	
14		/					64	/	
15		/					65	/	
16		/					66	/	
17	/						67	/	
18		/					68	/	
19		/					69	/	
20		/					70	/	
21		/					71	/	
22	/						72	/	
23		/					73		
24		/					74		
25		/					75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30	/						80		
31		/					81		
32		/					82		
33	/						83		
34	/						84		
35		/					85		
36		/					86		
37		/					87		
38		/					88		
39		/					89		
40		/					90		
41	/						91		
42		/					92		
43		/					93		
44		/					94		
45	/						95		
46		/					96		
47		/					97		
48		/					98		
49		/					99		
50		/					100		
TOTAL IND.	16						TOTAL IND.		
TOTAL DEP.	56						TOTAL DEP.		
TOTAL CLAIMS	72						TOTAL CLAIMS		